

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20140

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 644

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 0117 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2213 Maple St.				Length of stay in lb 30 yrs.		d. STREET ADDRESS (If outside, give location) 2213 Maple St.	
3. NAME OF DECEASED (Type or print) First JAMES Middle ERNEST Last KING				4. DATE OF DEATH Month June Day 7 Year 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 5, 1896	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber				10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (City and state or country) Rockport, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Todd King				14. MOTHER'S MAIDEN NAME Viola Hamilton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 499-36-7415		17. INFORMANT Address Mrs. James King, 2213 Maple, St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Urteral obstruction DUE TO (c) Carcinoma bladder PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 181X							
INTERNAL BETWEEN ONSET AND DEATH 9 mos. 1 yr 5 yrs							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 11:50 Month 6 Day 7 Year 1957 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1951 to 1957 and last saw him alive on June 7 57 Death occurred at St. Joseph on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert B. Bowman M.D. (Degree or title)				22b. ADDRESS St. Joseph, Mo.		22c. DATE SIGNED 6-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/10/1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Heaton-Bowman ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. June 12, 1957		26. REGISTRAR'S SIGNATURE Ethel M. Allison	

(Licensed Embalmer's statement on Reverse Side)

11500007 E-201010 21000000 00 000120 2157

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed

William J. Gelling

Licensed Embalmer No. 4535

P. O. Address 375 127 St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.